FCC For	m 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	351329	
<015>	Study Area Name	WELLMAN COOP TEL	
<020>	Program Year	2017	
<030>	Contact Name: Person USAC should contact with questions about this data	Jayne Hochstedler	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	3196466075 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	jaynetel@netins.net	
	Form Type	54.313 and 54.422	

• •	rvice Quality Improvement Reporting llection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> \$	Study Area Code	351329	
<015> \$	Study Area Name	WELLMAN COOP TEL	
<020> F	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Jayne Hochstedler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3196466075 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jaynetel@netins.net	
	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	(yes / no)	•
	year plan" filed with the FCC?	(yes / no) O	
<112>	If your answer to Line <111> is yes, please file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	351329ia11	2.pdf
	Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on it	s	Name of Attached Document
.442.	five-vear		
	Maps detailing progress towards meeting plan targets	Yes	
	Report how much universal service (USF) support was received	Yes	
	How much (USF) was used to improve service quality and how support was used to	improve service Yes	
<116>	How much (LISE) was used to improve service coverage and how support was used to	n improve service Yes	
	How much (USF) was used to improve service capacity and how support was used to Provide an explanation of network improvement targets not met in the prior calendar year.	improve service Yes Yes	

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	351329
<015>	Study Area Name	WELLMAN COOP TEL
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Jayne Hochstedler
<035>	Contact Telephone Number - Number of person identified in data line <030>	3196466075 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jaynetel@netins.net

_	<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
ſ	NORS									Did This Outage		
	Reference	Outage Start	Outage Start	Outage End	Outage End	Number of		911 Facilities	Service Outage	Affect Multiple		
	Number	Date	Time	Date		Customers Affected	Total Number of	Affected	Description (Check	Study Areas	Service Outage	Preventative
							Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
ı								, , ,	,	, , ,		
ŀ												
ŀ												
Į												
ſ												
Ī												
ı												
ı												
İ												
ı												
İ												
ı												
İ												
ľ												
Ì												
ľ												
Ì												
j												
İ												
Ì												
L	<u>_</u>		1	1		l l			<u> </u>		<u> </u>	

	fulfilled Service Request	FCC Form 481			
Data Coll	ection Form			OMB Control No. 3060-0986/OMB Control N July 2013	o. 3060-0819
<010>	Study Area Code	351329			
<015>	Study Area Name	WELLMAN COOP TEL			
<020>	Program Year	2017			
<030>	Contact Name - Person USAC should contact regarding this data	Jayne Hochstedler			
<035>	Contact Telephone Number - Number of person identified in data line <030>	3196466075 ext.			
<039>	Contact Email Address - Email Address of person identified in data line <030>	jaynetel@netins.net			
<300> U	nfulfilled service request (voice)	0			
<310> [Detail on attempts (voice)				
	Name	of Attached Document			
<320>	Unfulfilled service request (broadband)	0			
<330>	Detail on attempts (broadband)				
	Na	ame of Attached Document			

(400) Number of Complaints per 1,000 customers	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code 351329
<015>	Study Area Name WELLMAN COOP TEL
<020>	Program Year 2017
<030>	Contact Name - Person USAC should contact regarding this data
<035>	Contact Telephone Number - Number of person identified in data line <030>
<039>	Contact Email Address - Email Address of person identified in data line jaynetel@netins.net <030>
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.
<410>	Complaints per 1000 customers for fixed voice 0.0
<420>	Complaints per 1000 customers for mobile voice
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.
<440>	Complaints per 1000 customers for fixed broadband 0.0
<450>	Complaints per 1000 customers for mobile broadband

•	npliance With Service Quality Standards and Consumer Protection Rules ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	351329	
<015>	Study Area Name	WELLMAN COOP TEL	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Jayne Hochstedler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3196466075 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jaynetel@netins.net	
<500>	Certify compliance with applicable service quality standards and consumer pro	tection rules Yes	
<510>	Descriptive document for Service Quality Standards & Consumer Protection Ru	351329ia510.pdf les Compliance	

(600) Functionality in Emergency Situations	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	351329
<015>	Study Area Name	WELLMAN COOP TEL
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Jayne Hochstedler
<035>	Contact Telephone Number - Number of person identified in data line <030>	3196466075 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jaynetel@netins.net
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	351329ia610.pdf

(700) Pric	ce Offerings including Voice Rate Data		FCC Form 481
Data Coll	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	351329	
<015>	Study Area Name	WELLMAN COOP TEL	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Jayne Hochstedler	
<035>	Contact Telephone Number - Number of person identified in data l	ine <030> 3196466075 ext.	
<039>	Contact Email Address - Email Address of person identified in data	line <030> jaynetel@netins.net	
	esidential Local Service Charge Effective Date ingle State-wide Residential Local Service Charge		

.702.	1-	2:	1-21	ala dia	<b2></b2>	at 2.	<b4></b4>	der.	
<703>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<02> Residential Local	<b3></b3>	<04>	<bs></bs> <bs>Mandatory Extended Area</bs>	<c></c>
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee		Total per line Rates and Fees
		3 0 7 2,	(,	71					
					See at	tached worksheet			
			l						

(710) Broadbrand Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code 35	51329
<015>	Study Area Name	WELLMAN COOP TEL
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Jayne Hochstedler
<035>	Contact Telephone Number - Number of person identified in data line <030>	3196466075 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jaynetel@netins.net

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
				- See attacl	hed				
			,	worksheet -					

(800) Op	erating Companies		FCC Form 481
Data Col	lection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		351329
<015>	Study Area Name		WELLMAN COOP TEL
<020>	Program Year		2017
<030>	Contact Name - Person	n USAC should contact regarding this data	Jayne Hochstedler
<035>	Contact Telephone Nu	mber - Number of person identified in data line <030>	3196466075 ext.
<039>	Contact Email Address	- Email Address of person identified in data line <030>	jaynetel@netins.net
<810>	Reporting Carrier	Wellman Cooperative Telephone Association	
<811>	Holding Company	Wellman Cooperative Telephone Association	

<812> Operating Company

Wellman Cooperative Telephone Association

<813>	<a1></a1>	<a2></a2>	<a3></a3>
_	Affiliates	SAC	Doing Business As Company or Brand Designation
-			
-			
-			
-	See atta	ched workshe	et
-			
-			
-			
-			
-			
-			
-			
-			
-			
-			
-			
-			
-			

<010> Study Area Code 351329	
<015> Study Area Name WELLMAN COOP TEL	
<020> Program Year 2017	
<030> Contact Name - Person USAC should contact regarding this data Jayne Hochstedler	
<035> Contact Telephone Number - Number of person identified in data line <030> 3196466075 ext.	
<039> Contact Email Address - Email Address of person identified in data line <030> jaynetel@netins.net	
<900> Does the filing entity offer tribal land services? (Y/N)	
<910> Tribal Land(s) on which ETC Serves	
<920> Tribal Government Engagement Obligation Name of Attached	
If your company serves Tribal lands, please select (Yes,No, NA) for each these	
boxes	
to confirm the status described on the attached document(s), on line 920,	
demonstrates coordination with the Trihal government nursuant to Ves or No or Not	
<921> Needs assessment and deployment planning with a focus on	
Tribal	
<922> Feasibility and sustainability planning;	
<923> Marketing services in a culturally sensitive manner;	
<924> Compliance with Rights of way processes	
<925> Compliance with Land Use permitting requirements	
<926> Compliance with Facilities Siting rules	
<927> Compliance with Environmental Review processes	
<928> Compliance with Cultural Preservation review processes	
<929> Compliance with Tribal Business and Licensing requirements.	

-	pice and Broadband Service Rate Comparability lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		351329
<015>	Study Area Name		WELLMAN COOP TEL
<020>	Program Year		2017
<030>	Contact Name - Person USAC should contact regarding this data		Jayne Hochstedler
<035>	Contact Telephone Number - Number of person identified in data line <	<030>	3196466075 ext.
<039>	Contact Email Address - Email Address of person identified in data line	<030>	jaynetel@netins.net
<1000>	Voice services rate comparability certification	Yes	
<1010>	Attach detailed description for voice services rate comparability compliance	35132	29ia1010.pdf
			Name of Attached Document
<1020>	Broadband comparability certification		- Pricing is no more than the most recent applicable benchmark announced by Wireline Competition Bureau
<1030>	Attach detailed description for broadband comparability compliance	35132	9ia1030.pdf
			Name of Attached Document

•	o Terrestrial Backhaul Reporting lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	351329	
<015>	Study Area Name	WELLMAN COOP TEL	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Jayne Hochstedler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3196466075 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jaynetel@netins.net	
<1100>	Certify whether terrestrial backhaul options exist (Y/N)	Yes	
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and kbps		

(1200) Te	rms and Condition for Lifeline Customers	FCC Form 481
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Coll	ection Form	July 2013
<010>	Study Area Code	351329
<015>	Study Area Name	WELLMAN COOP TEL
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Jayne Hochstedler
<035>	Contact Telephone Number - Number of person identified in data line <030>	3196466075 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jaynetel@netins.net
	Г	351329ia3010.pdf
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	
\1210 >	remis & conditions of voice relephony Literine Flans	
		Name of Attached Document
<1220>	Link to Public Website	
112207	Link to Public Website HTTP	
	_	
"Planca o	heck these boxes below to confirm that the attached document(s), on line	
	neck these boxes below to commit that the attached document(s), on line	
1210,		
	ebsite listed, on line 1220, contains the required information pursuant to	
8 54 477	(a)(2) annual renorting for FTCs receiving low-income support carriers	
<1221>	Information describing the terms and conditions of any voice	
	telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	

(2000) Price C	ap Carrier Additional Documentation			FCC Form 481
Data Collectio	n Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including Rate	of-Return Carriers affiliated with Price Cap Local Exchange Carriers			July 2013
		251200		
	ly Area Code	351329 WELLMAN COOP TEL		
	ly Area Name gram Year	2017		_
•	tact Name - Person USAC should contact regarding this data	Jayne Hochstedler		
	tact Telephone Number - Number of person identified in data line <030>	3196466075 ext.		
<039> Con	tact Email Address - Email Address of person identified in data line <030>	jaynetel@netins.net		
and Conne	ppropriate responses below (Yes, No, Not Applicable) to note ct America Phase II support as set forth in 47 CFR § 54.313(b)	·		
inc	remental Connect America Phase I reporting			
<2010>	2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note 2016 certification, this applies to Round 2 recipients of Support	•		
<2011>	3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note 2016 certification, this applies to Round 1 recipients of Support			
<2022>	Recipient certifies, representing year two after filing acceptance of funding pursuant to 54.312(c), that the question are not receiving support under the Broadb Program or the Broadband Technology Opportunities projects that will provide broadband with speeds of a Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients or	e locations in and Initiatives s Program for at least 4		
<2023>	The attachment on line 2024 includes a statement of capital funding expended in the previous year in mee America Phase I deployment obligations, accompanie blocks indicating where funding was spent. This cove 54.313(b)(2)(ii). Round 2 recipients only.	ting Connect ed by a list of census		
<2024A>	Round 2 Recipient of Incremental Support?			
<2024B>	Attach list of census blocks indicating where funding two - 54.313(b)(2)(ii). Round 2 recipients only.	was spent in year	Name of Attached Document List Required Information	ing
<2025A>	Round 1 or Round 2 Recipient of Incremental Suppor	t?		
<2025B>	Attach geocoded Information for Phase I milestone re year three and Round 2 for year two) - Connect Amer Docket 10-90, Report and Order, FCC 13-	eports (Round 1 for	Name of Attached Document List Required Information	ing
<2015>	2016 and future Frozen Support Certification 47 CFR	§ 54.313(c)(4)		

Data Collection For	rrier Additional Documentation (Continued) m eturn Carriers affiliated with Price Cap Local Exchange Carriers	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
	Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)} Certification support used to build broadband	
Connect	t America Phase II Reporting {47 CFR § 54.313(e)}	
<2017A>	Connect America Fund Phase II recipient?	
<2017B>	Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price	Name of Attached Document Listing Required Information
<2018>	cap carrier used for capital expenditures in 2015. Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(ii)	Name of Attached Document Listing Required Information
<2019>	Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(2)(v)	
<2020>	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)	
<2021>	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4)	
<2026>	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5)	
<2027>	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6)	

(3005) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	351329
<015>	Study Area Name	WELLMAN COOP TEL
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Jayne Hochstedler
<035>	Contact Telephone Number - Number of person identified in data line <030>	3196466075 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jaynetel@netins.net

Complete the items below to note compliance with five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

the docum	nents attached below is accurate.			
(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)			
(3010A)	Milestone Certification {47 CFR § 54.313(f)(1)(i)}	Ye	es - Attach Certifica	351329ia3010.pdf
(3010B)	Please Provide Attachment	Name of Attached Docu Information	ment Listing Required	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	No - No New Community	Anchors	
(3012B)	Please Provide Attachment	Name of Attached Docu Information	ment Listing Required	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	O O	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	• 0	
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications		·	
(3016)	Borrowers) Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		v	351329ia3017.pdf
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Docu Information	ment Listing Required	
(3018)	If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:	(Yes/No)	0 0	
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers			
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows			
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:			
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers			
(3023)	Underlying information subjected to a review by an independent certified public accountant			
(3024)	Underlying information subjected to an officer certification.			
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows			
(3026)	Attach the worksheet listing required information	Name of Attached Docu Information	ment Listing Required	

LINES 3027-3034

LINES REDACTED IN ENTIRETY

(4005) Rural Broadband Experiment Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	351329
<015>	Study Area Name	WELLMAN COOP TEL
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Jayne Hochstedler
<035>	Contact Telephone Number - Number of person identified in data li	ne <030> 3196466075 ext.
<039>	Contact Email Address - Email Address of person identified in data l	ine <030> jaynetel@netins.net

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses Name of Attached Document Listing Required Information of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

Name of Attached Document Listing Required Information

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband Name of Attached Document Listing Required Information speed and data usage allowances available in the relevant geographic area.

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	351329
<015>	Study Area Name	WELLMAN COOP TEL
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	To the state of th
~030>	Contact Name - Ferson OSAC should contact regarding this data	Jayne Hochstedler
<035>	Contact Telephone Number - Number of person identified in data line <030>	3196466075 ext.

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: Signature of Authorized Officer: CERTIFIED ONLINE Date 06/13/2016 Printed name of Authorized Officer: Jayne Hochstedler Title or position of Authorized Officer: 219404 Area Code of Reporting Carrier: Filing Due Date for this form: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

	ion - Agent / Carrier ection Form	FCC Form 481 OMB Control July 2013	No. 3060-0986/OMB Control No. 3060-0819
<010>	Study Area Code	351329	
<015>	Study Area Name	WELLMAN COOP TEL	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Jayne Hochstedler	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3196466075 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jaynetel@netins.net	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) <u>Kiesling Associates</u> also certify that I am an officer of the reporting carrier; my responsibi agent; and, to the best of my knowledge, the reports and data provide	is authorized to submit the information reported on behalf of the reporting carrier. I ilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized ed to the authorized agent is accurate.
Name of Authorized Agent: Kiesling Associates	
Name of Reporting Carrier: WELLMAN COOP TEL	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier: 351329	Filing Due Date for this form: 07/01/2016
, 9	by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment le 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier				
I, as agent for the reporting carrier, certify that	I am authorized to submit th	ne annual reports for universal servi	ce support recipients on behalf (of the reporting carrier; I have provided
the data reported herein based on data provide	ed by the reporting carrier; ar	nd, to the best of my knowledge, th	e information reported herein is	s accurate.
Name of Reporting Carrier: WELLM	AN COOP TEL			
Name of Authorized Agent Firm:	Kiesling Associa	tes		
Signature of Authorized Agent or Employee of Ag	ent:			Date: 06/09/2016
Name of Authorized Agent Employee:	Cheryl Claus	on		
Title or position of Authorized Agent or Employe	e of Agent Regulatory (Consultant		
Telephone number of Authorized Agent or Emplo	oyee of Agent: 5152230159	9 ext.		
Study Area Code of Reporting Carrier:	351329	Filing Due Date for this form:	07/01/2016	
Persons willfully making false statements o		fine or forfeiture under the Communicat 8 of the United States Code, 18 U.S.C. §	,	503(b), or fine or imprisonment under Title

Attachments

ATTACHMENT – LINE 112

ATTACHMENT REDACTED IN ENTIRETY



FCC Form 481, Line 510: Certification of Compliance with Applicable Service Quality Standards

complied with these requirements and will continue to comply with these requirements.

Iowa Administrative Code §199-22.6 requires an ETC to certify in its annual report that it is complying with applicable service quality standards and consumer protection rules. The ETC will measure its service connection, held order, and service interruption performance monthly according to this section. Wellman Cooperative Telephone Association certifies that it has

and Consumer Protection Rules

FCC Form 481, Line 610: Certification Regarding Ability to Function in Emergency Situations

Iowa Administrative Code §199-22.6(5) requires an ETC to certify in its annual report that it is complying with provisions to meet emergencies including but not limited to the provision of emergency power. Each central office shall contain a minimum of two hours of battery reserve and for offices without permanently installed emergency power facilities, there shall be access to a mobile power unit with enough capacity to carry the load which can be delivered on reasonably short notice and readily connected. Wellman Cooperative Telephone Association certifies that it has complied with these requirements and will continue to comply with these requirements. In addition, the ETC also complies with all federal rules regarding end user's abilities to function in emergency situations.

(700) Price Offerings including Voice Rate Data	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	351329
<015>	Study Area Name	WELLMAN COOP TEL
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Jayne Hochstedler
<035>	Contact Telephone Number - Number of person identified in data line <030>	3196466075 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jaynetel@netins.net

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

<703>

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
				Residential Local			Mandatory Extended Area	
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
IA	Wellman		FR	16.0	0.0	0.0	0.0	16.0

(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	351329
<015>	Study Area Name	WELLMAN COOP TEL
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Jayne Hochstedler
<035>	Contact Telephone Number - Number of person identified in data line <030>	3196466075 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jaynetel@netins.net

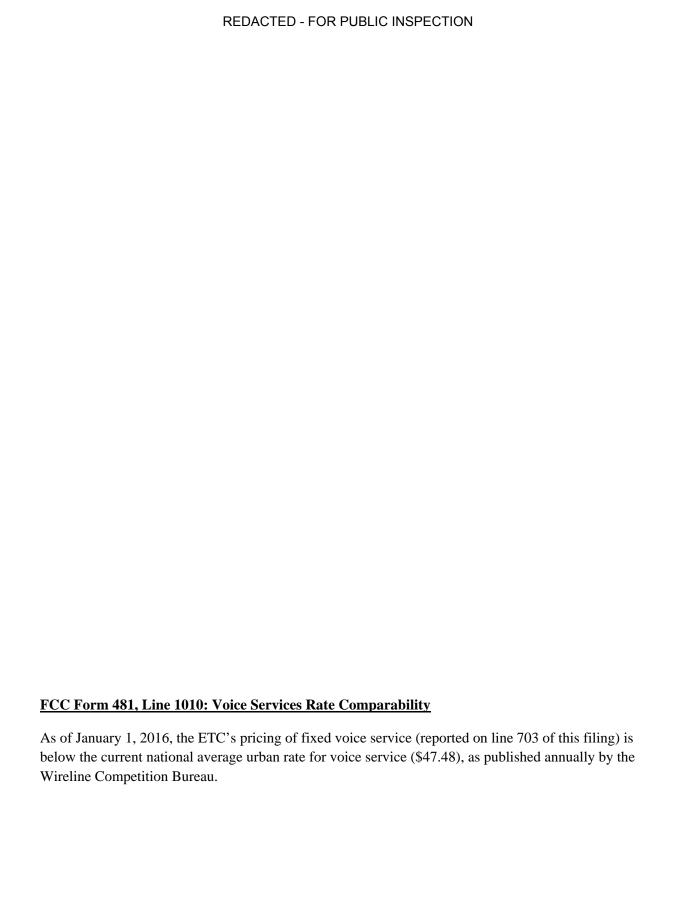
<711>

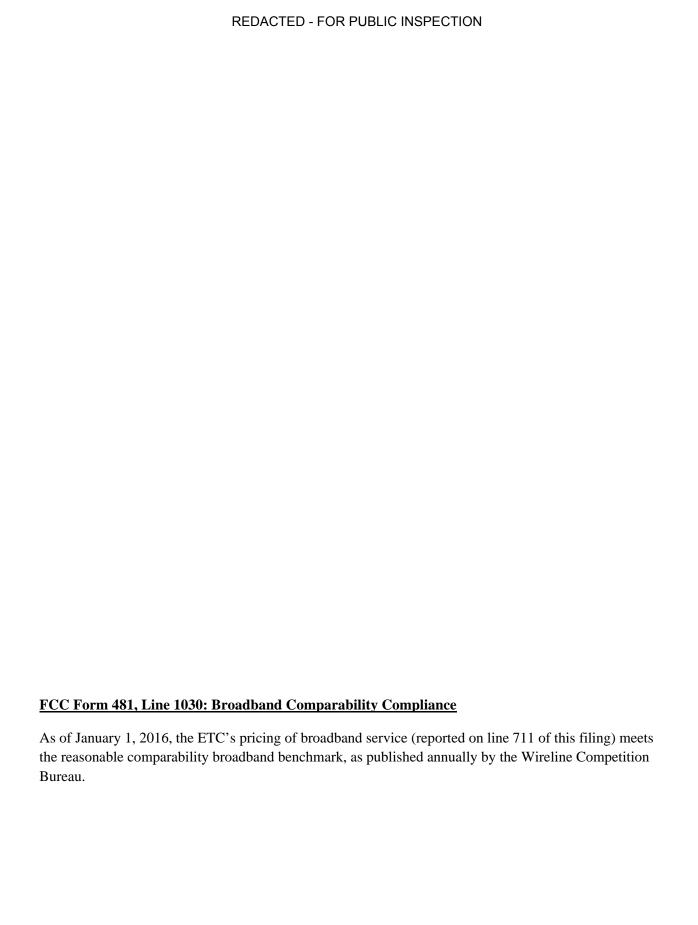
<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c> <d1></d1></c>	<d2></d2>	· <d3></d3>		<d4></d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service -Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select}
IA	Wellman	24.95	0.0	24.95	1.0	0.8	999999	Other, No Limit
IA	Wellman	39.95	0.0	39.95	3.0	1.0	999999	Other, No Limit
IA	Wellman	49.95	0.0	49.95	5.0	1.0	999999	Other, No Limit
IA	Wellman	59.95	0.0	59.95	7.0	2.0	999999	Other, No Limit
IA	Wellman	67.95	0.0	67.95	10.0	10.0	999999	Other, No Limit
IA	Wellman	87.95	0.0	87.95	20.0	20.0	999999	Other, No Limit
IA	Wellman	97.95	0.0	97.95	30.0	30.0	999999	Other, No Limit
IA	Wellman	107.95	0.0	107.95	40.0	40.0	999999	Other, No Limit
IA	Wellman	117.95	0.0	117.95	50.0	50.0	999999	Other, No Limit
IA	Wellman	127.95	0.0	127.95	60.0	60.0	999999	Other, No Limit
-								
		<u> </u>						

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		351329
<015>	Study Area Name		WELLMAN COOP TEL
<020>	Program Year		2017
<030>	Contact Name - Person U	SAC should contact regarding this data	Jayne Hochstedler
<035>	Contact Telephone Numb	per - Number of person identified in data line <030>	3196466075 ext.
<039>	Contact Email Address - E	Email Address of person identified in data line <030>	jaynetel@netins.net
<810>	Reporting Carrier	Wellman Cooperative Telephone Association	
<811>	Holding Company	Wellman Cooperative Telephone Association	
<812>	Operating Company	Wellman Cooperative Telephone Association	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
=	Wellman Cooperative Telephone - Wireless	359039	Wellman Cooperative Telephone Association
_	SEI Wireless, LLC	359045	SEI Wireless, LLC
_	WKIJ Communications		Wellman Cooperative Telephone Assocatiion
_	Iowa Video Group, LLC		Iowa Video Group, LLC
_			
_			
_			
_			
_			
_			
_			
_			
_			
_			
_			
_			
_			
_			
_			
_			
_			





FCC Form 481, Line 1210: Terms and Condition for Lifeline Customers

Lifeline Telephone Assistance Program

Financial assistance through the Lifeline program is available to help eligible Iowans afford and maintain basic telephone service. Lifeline participation enables Iowans to stay connected to jobs, family, community resources, and government and emergency services. Lifeline is a federal government program that assists qualified Iowans by providing a monthly credit of \$9.25 on the local telephone bill. Lifeline benefits are limited to one wire line or wireless phone per qualified household. Households currently receiving more than one Lifeline service must select a single Lifeline service provider and de-enroll from the program with any other provider(s).

Households eligible for the Lifeline program include those who participate in other federal public assistance programs, such as the Low-Income Home Energy Assistance Program (LIHEAP) or Supplemental Nutrition Assistance Program (SNAP). Consumers may also qualify based on their level of income. For more information, please see the Board's 2015 Lifeline Week news release.

A Lifeline <u>application form</u> is available from your local telephone service provider, the Iowa Utilities Board, or most <u>Community Action Agencies</u> in the state. To apply, simply complete the application form and then return it to your chosen participating provider. Additionally, residents of Tribal lands who are eligible for Lifeline, should check with their local telecommunications provider to inquire about additional benefits, including potential Link-Up telephone-installation benefits.

Re-certification forms are sent to all Lifeline subscribers each year. In order to continue receiving Lifeline assistance, these forms must be completed and returned to the subscriber's local telecommunications provider within 30 days. If the re-certification form is not returned, the telecommunications provider will discontinue the subscriber's Lifeline assistance.

Information about the <u>number of customers receiving Lifeline assistance</u> is reported by each Iowa telephone company. For more information, call the Iowa Utilities Board toll free at 1.877.565.4450, or visit <u>www.fcc.gov/lifeline</u> or <u>www.usac.org</u>.

Number of local minutes provided: Unlimited local calling

Equal access toll calls are available and are billed at carriers' standard rates for Lifeline subscribers.

	REDACTED - FOR PUBLIC INSPECT	ION
Wellman Cooperative Telephone Association	SERVICES CATALOG Revised Cancels	PART VI Sheet No. 73 Sheet No.
Filed with Board	SERVICE CHARGES	Sheet No.
A. LIFELINE ASSISTANCE		
1. The Federal Lifeline A	Assistance Program is a plan which a	ssists qualified low-income

 The Federal Lifeline Assistance Program is a plan which assists qualified low-income applicants with reductions in their monthly local exchange service rate. The assistance applies for a single telephone line at the applicant's principal place of residence. Qualified applicants shall have their monthly local exchange service rate reduced by the federal support amount defined in 47 CFR 54.403.

2. Eligibility Requirements

To be eligible for assistance, an applicant must provide documentation showing the applicant (1) meets income-based criterion currently defined as at or below 135 percent of the Federal Poverty Guidelines, OR (2) participates in at least one of the following programs as defined by 47 CFR 54.409:

- a. Medicaid (e.g. Title XIX/Medical, state supplemental assistance)
- b. Supplemental Nutrition Assistance Program (SNAP)
- c. Supplemental Security Income (SSI)
- d. Federal public housing assistance
- e. Low-Income Home Energy Assistance Program (LHEAP)
- f. Temporary Assistance for Needy Families Program (TANF)
- g. National School Lunch Program

The Lifeline customer is responsible for notifying the Company within 30 days if the customer ceases to participate in any of the public assistance programs listed above.

A Lifeline customer may only receive assistance from one wireline or one wireless provider per household.

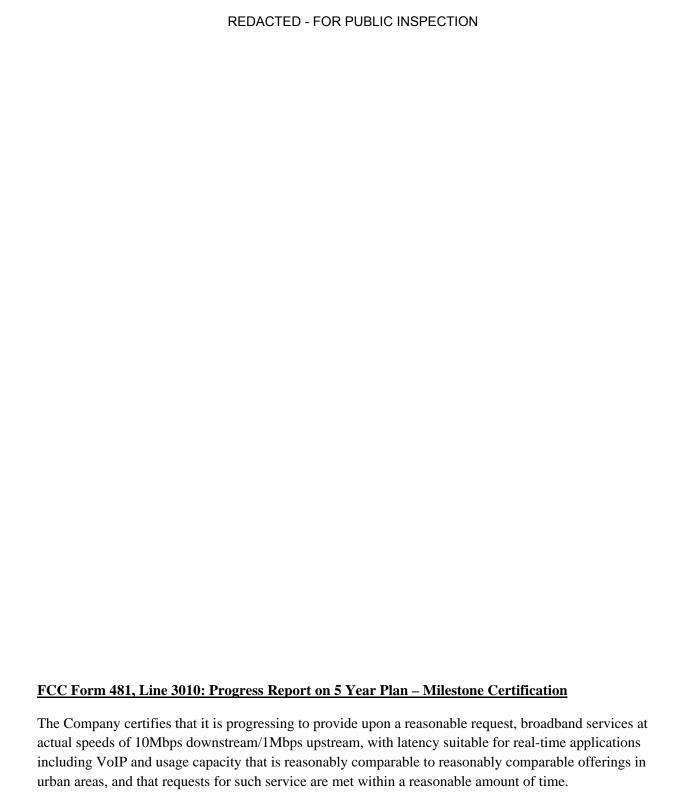
3. Application for Assistance

An applicant shall request telephone assistance through completion of a certification form provided by the Company as governed by 47 CFR 54.410.

4. Rates

- a. The Lifeline customer will receive a monthly credit toward the customer's residential local exchange service rate. The total monthly credit identified in 47 CFR 54.403 shall be used to reduce the Lifeline customer's rate.
- b. Toll blocking shall be included with this service offering without charge. No service deposit would be required if applicant voluntarily elects toll blocking with the initiation of Lifeline Service.

ISSUED:	October 31, 2012	EFFECTIVE:	December 1, 2012	
	Date		Date	
BY:	Randy Kelley	Manager	Wellman, Iowa 52356	
	Name	Title	Address	



ATTACHMENT - LINE 3017

ATTACHMENT REDACTED IN ENTIRETY